CLAIM FOR REINBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS				KVN 3d LAR			VOUCHER NUMBER SCHEDULE NUMBER					
4.	a. NAME (Last, first, middle initial)				b. SOCIAL SECURIT	Y NO						
CLAIMANT	c. MAILE	ING ADI	DRESS (Include ZIP Code)		d. OFFICE TELEPHO	ONE NUMBER						
6.	EXPEND	ITURI	ES (If fare claimed in col. (g) exceeds charge for one	e person, show in col. (i	h) the number	r of additional	persons whic	h acco	mpanied the		
D	ATE		Show appropriate code in col. (b)		MILEAGE		AMOUNT CLAIMED					
YR	06	C O D	 A - Local travel B - telephone or telegraph, or C - Other expenses (Itemized) 		.445 ¢	MILEAGE	FARE	ADD PER-	TIPS AND MISCEL-			
		Е	` '	(Explain expenditures in specific detail.)				OR TOLL	SONS	LANEOUS		
	(a)	(b)	(c) FROM		(d) TO	(e)	(f)	(g)	(h)	(i)		
If additional space is required continue on the back SUBTITALS CARRIE BACK					ED FORWARD FROM THE							
 AMOUNT CLAIMED (Total of cols. (f), (g), and (i).) This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note. If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680A).) Sign Original Only 					TOTALS 10. certify that thi	in alaim is true or	ad correct to the h	and of my knowl	lodge on	4		
					I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Sign Original Only							
					CLAIMANT SIGN HERE							
				11. CASH PAYMENT RECEIPT								
APPPROVING OFFICIAL SIGN HERE			•		a. PAYEE (signature)	b. DATE RECEIVED				IVED		
AUTH	ORIZED	certifie	d correct and proper for payment. Sign Original Only					c. AM	OUNT			
OFFIC SIGN I		Þ	•	DATE	12. PAYMENT MADE BY CHECK NO.							

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued										
DATE		Show appropriate code in col. (b):			AMOUNT CLAIMED					
	С	A - Local travel		MILEAGE RATE			ADD	TIPS AND		
YR	O D	B - telephone or telegraph, or C - Other expenses (Itemized)		¢	MILEAGE	FARE	PER-	MISCEL-		
	Ē	(Explain expenditu	res in specific detail.)	NO OF MILES		OR TOLL	SONS	LANEOUS		
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)		
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Total each column and enter on the front, subtotal line										

In compliance with the Privacy act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 17 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 601(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943 for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.